

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mr - G</i>		11/30/99
O.I.P.E. CLASSIFIER			12-5-99
FORMALITY REVIEW	<i>THA</i>	60125	12/23/98 4/20/00

### INDEX OF CLAIMS

☒ Rejected  
☒ Allowed  
☒ (Through numeral) Canceled  
☒ Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
1	5/2/00
2	12/12/00
3	6/12/02
4	10/4/02
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17	
18	0 0
19	0 0
20	✓ ✓
21	✓ ✓
22	✓ ✓
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	0 / ✓
28	0 / ✓
29	0 / ✓
30	0 0 0
31	0 0 0
32	0 0 0
33	0 / ✓
34	0 / ✓
35	0 / ✓
36	✓
37	✓
38	0 / ✓
39	0 / ✓
40	0 / ✓
41	0 0 0
42	0 0 0
43	0 0 0
44	0 / ✓
45	0 / ✓
46	0 / ✓
47	✓
48	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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